| 70 | | | |
|----------------------|---|--|--|
| S Form | | | |
| 3811. Apr. 1977 RETU | Show to whom, date, and address of delivery¢ RESTRICTED DELIVERY Show to whom and date delivered¢ RESTRICTED DELIVERY Show to whom, date, and address of delivery.\$ (CONSULT POSTMASTER FOR FEES) | | |
| RN | 2. ARTICLE ADDRESSED TO: | | |
| B) Mauch Foster | | | |
| CE | 1. 5143 37 GE Lie 01. | | |
| ŢĠĬ | are de 2/2 207 | | |
| R | 3. ARTICLE DESCRIPTION: | | |
| G | REGISTERED NO. CERTIFIED NO. INSURED NO. | | |
| REGISTER | 6978867 | | |
| | (Always obtain signature of addressee or agent) | | |
| ED, | I have received the article described above. | | |
| Z | SIGNATURE Addressee Authorized agent | | |
| INSURED | 1) Manda a. Faiter | | |
| D/ | DATE OF DELIVERY ROSTMARK | | |
| AND | 14-19-79 Just | | |
| _ | 5. ADDRESS(Complete only it requested) | | |
| CERTIF | | | |
| 而 | 6 LINARIE TO DELIVER RECAIRGE | | |
| <u> </u> | 6. UNABLE TO DELIVER BECAUSE: CLERK'S SITIALS: | | |
| MAIL | | | |
| | \$\frac{1}{1977}=0-249.595 | | |

| PS | SENDER: Complete items 1, 2, and 3. Add, your, addisons, 2, and 3. |
|------------------------|--|
| Form 30 | Add your address in the "RETURN TO" space on reverse. |
| 3811. Apr. 1977 . RETU | 1. The following service is requested (check one). Show to whom and date delivered |
| RECEIPT, F | 2. ARTICLE ADDRESSED TO: Clava Sakrauffer 1012 9 W. Condlewed Dr. Sum City: Argona 85351 3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. INSURED NO. 6978876 (Always obtain signature of addressee or agent) |
| Ĩ, | have received the article described in addressee or agent) |
| NSI IDE | have received the article described above. SIGNATURE Addressee Authorized agent Clara Schmace Application of Delivery Application of Postmark |
| | ADDRESS(Complete only Dequestro) |
| 6. | UNABLE TO DELIVER BECAUSE: CLERK'S INTERACS AGPO: 1977-0-249-595 |

| ور | | |
|-----------------------|---|--------------------|
| 5 Form 3 | SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN reverse. | TO" space on |
| 3811. Apr. 1977 RETU | The following service is requested (checked) Show to whom and date delivered Show to whom, date, and address of delivered RESTRICTED DELIVERY Show to whom and date delivered RESTRICTED DELIVERY Show to whom, and address of delivered CONSULT POSTMASTER FOR FEES | ¢ livery¢ ¢ |
| RN RECEIPT, REGISTE | 2. ARTICLE ADDRESSED TO: 2. ARTICLE ADDRESSED TO: 3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. IN | SURED NO. |
| ER | (Always obtain signature of addressee o | r agent) |
| D, INSURED AND CERTIF | 4) 20/1/2000 | orized agent |
| TIFIED | 6. UNABLE TO DELIVER BECAUSE: | CLERK'S |
| MAIL | | INITIALS |
| | A | 1977 - 0 - 249.595 |

| PS Form | SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN reverse. | TO" space on |
|----------------------|---|---------------------|
| 3811, Apr. 1977 RETU | 1. The following service is requested (check Show to whom and date delivered Show to whom, date, and address of del RESTRICTED DELIVERY Show to whom and date delivered RESTRICTED DELIVERY Show to whom, date, and address of delivered CONSULT POSTMASTER FOR FEES) | ivery¢ ivery.\$¢ |
| RN RECEIP | 2. ARTICLE ADDRESSED TO: 560H Lungston 6 Wantergton D & 200 | il. |
| I, REGISTE | 6778868 | SURED NO. |
| 굕 | (Always obtain signature of addressee or | agent) |
| D, INSURE | Alcany Edward | orized agent |
| AND | | STMARK |
| CERTIFI | 5. ADDRESS(Complete only if requested) | |
| ED MAIL | G. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS |
| | ☆GPO: | 1977-0-249-595 |

Exhibits-Filed april 24, 1979